FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 164630

1. Corporation Name

HIGHWAY EQUIPMENT & SUPPLY CO.

O BOX 547189
RLANDO FL 32854 S
. Mailing Address

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90037 040 ***150.00



	e of Business	Mailing Address				
1016 W. CHRUCK ST CHURCH ST. PO BOX 547189						
ORLANDO FL 32805 ORLANDO FL 32854						
US US					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/23/1951	
		1 0 44 22 A 44			4. FEI Number	Applied For
	lace of Business	2a. Mailing Address	3		59-0656633	Not Applicable
21					75 Additional	
			.		LE Codificate of Status Decired	e Required
22 27 27 City & State City & State						00 May Be
_ 			**************************************		, ,	led to Fees
Zip	Country	Zip	Cou	untrv	This corporation owes the current year Intangible	
─ ─ '	25	29			Personal Property Tax.	□No
24	9. Name and Address of Currer		1301	T	10. Name and Address of New Registered Agent	
	3. Name and Addices of Control			81 Name		
PASS	SMORE, JEFFREY L					
1016	WEST CHURCH ST		•	82 Street	Address (P.O. Box Number is Not Acceptable)	1
ORL	ANDO FL 32805			83		
				84 City	FL 85 1	Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607,1508. Florida	Statutes, the a	bove-name	corporation submits this statement for the purpose of changin	g its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change	was authorized	d by the con	oration's board of directors. I hereby accept the appointment a	s registered
_	m ramiliar with, and accept the obliga	tions of, Section 607.050	io, Fiulida Stat	iules.		ì
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	d Agent signature	required when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
					,	
TITLE	SD	☐ DELE	TE 1.1 T		Cha	
NAME			1.1 TO 1.2 N	ITLE		
NAME	SD SNYDER, MARK A MR10 E BRADY ROAD		. 12 N	ITLE	☐ Cha	
NAME STREET ADDRESS	SNYDER, MARK A MR10 E BRADY ROAD		12 N 1.3 S	itle Ame	☐ Cha	
NAME	SNYDER, MARK A		12 N 1.3 S 1.4 C	ITLE AME TREET ADDRESS ITY-ST-ZIP	☐ Cha	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP	SNYDER, MARK A MR10 E BRADY ROAD KITTANNING,PA 00000 AS	☐ DELE	12 N 1.3 S 1.4 C	ITLE AME TREET ADDRESS ITY-ST-ZIP	☐ Cha	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Snyder, Mark a Mr10 e Brady Road Kittanning,pa 00000	☐ DELE	12 N 13 S 1,4 C TE 2.1 TI 22 N	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	☐ Cha	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SNYDER, MARK A MR10 E BRADY ROAD KITTANNING,PA 00000 AS KUJAWA, JOHN M	☐ DELE	12 N 13 S 14 C ETE 21 T 22 N 23 S	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE IAME	☐ Cha	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SNYDER, MARK A MR10 E BRADY ROAD KITTANNING,PA 00000 AS KUJAWA, JOHN M 1016 W CHURCH ST	☐ DELE	12 N 13 S 14 C 21 T 22 N 23 S 24 G	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS	☐ Cha	nge Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

PASSMORE, JEFFREY L

1016 W. CHURCH ST

ORLANDO FL 32805